

AGENCY AUTHORIZATION FORM

BYU OFF-CAMPUS HOUSING

Facility		Principal Owner or HOA Primary Contact		Agent or 2 nd Local Contact	
Name		Name		Name	
Address		Address		Address	
City		City		City	
State		State		State	
Zip Code		Zip Code		Zip Code	
Phone		Phone		Phone	
E-Mail		E-Mail		E-Mail	
Website		Net ID		Net ID	

Facility's Unit Numbers: _____

I _____, here by authorize
(Principal Owner's name)

_____ to act on my
(Agent's/2nd Local Contact's name)

behalf, as AGENT of my BYU-contracted housing facility; and to be fully responsible for any notice of or communication required by law and by the landlord's rental agreement form, and by the BYU Off-Campus Housing Office related to my contracted facility.

Principal Owner's Signature